

MEDICAID PROGRAM Enumeration Referral

TO: Social Security Administration
FROM: **Bureau of Health Services Financing**

Date: _____

Case Name: _____

SSN: _____

Social Security Number applications **MUST** be made for the following individuals:

Name _____

ID No. 190 - _____

Name _____

ID No. 190 - _____

Name _____

ID No. 190 - _____

Name _____

ID No. 190 - _____

Instructions on Applying for a Social Security Number

You **MUST** apply for a Social Security number for the person(s) listed above **NO LATER** than _____. Adults (age 18 and older) who are listed above must apply in person. You must obtain proof that you have applied by taking this form with you to the Social Security office. When you go to apply for SSNs, you **MUST** take proof of age and identity with you for each person listed. If you were born outside of the United States, you **MUST** also take proof of your citizenship or alien status.

Proof of Age: An official birth certificate is always the preferred document. Hospital birth certificates and baptismal certificates are acceptable. If those documents are not available, the Social Security office may accept other documents that show date of birth.

Proof of Citizenship/Alien Status: If you were born outside the United States, you **MUST** have proof of citizenship or alien status.

Proof of Identity: A second document to establish identity is required for all persons. Examples of proof of identity are a driver's license, insurance policy, or draft card. For children of school age, a school report card or school record may be acceptable. For younger children, medical records may be acceptable.

REMEMBER, you must take this form to your local Social Security office when you apply for the number(s).

To Be Completed By Social Security Administration

Name(s) of Person(s) Needing Number

Application Completed?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Signature of Social Security Administration Official

Date

(_____) _____
Telephone Number